

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

01/24/2001 SSITMID1 0000005 09764919

01 FC:201  
02 FC:203

25.00 SP  
36.00 SP

PTO-1556  
(5/87)

01-19-01

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages **23**]   
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [ Total Sheets **4** ]
5. Oath or Declaration [ Total Pages **5** ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 17 completed)*

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

Attorney Docket No.

First Inventor

PATRICK FEIERAREND

Title LOW INERTIA LATCHING MICROACTUATOR

Express Mail Label No.

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney *(when there is an assignee)*
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16.  Other: .....

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

(Insert Customer ID or attach bar code label here)

or  Correspondence address below

Name	JAQUELIN K. SPONG				
Address	16075 OVERLOOK DRIVE				
City	LOS GATOS	State	CA	Zip Code	95030
Country	USA	Telephone	(202) 756-4213	Fax	(202) 756-4213

Name (Print/Type)	JAQUELIN K. SPONG	Registration No. (Attorney/Agent)	
Signature	Jaquelin K. Spong		Date 11/11/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 391 -)

## Complete If Known

Application Number	
Filing Date	
First Named Inventor	PATRICK FEIERABEND
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

- Check  Credit card  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355
106	320	206	180	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 355 -)

## 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	-20** =	4 X 9 =	36
	- 3** =		

## Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 36 -)

\*\* or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

## SUBMITTED BY

Name (Print/Type)	JAQUELINE K. SPONG	Registration No. (Attorney/Agent)	Telephone	Complete (if applicable)
Signature	Jacqueline K. Spong		Date	(202) 756-4213 11/1/2000

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IP Solutions

Dr. Jaquelin K. Spong  
16075 Overlook Drive  
Los Gatos, CA 95030  
(408) 395-9206

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November 2, 2000

Assistant Commissioner  
United States Patent and Trademark Office  
Washington, DC 20231

Dear Assistant Commissioner:

Please find attached a complete utility patent application for **LOW INERTIA LATCHING MICROACTUATOR**. The following items are included in this transmission:

Declaration	PTO/SB/01	3 page
Declaration (Additional Inventors)	PTO/SB/02	3 page
New Utility Patent Application Transmittal	PTO/SB/05	1 page
Patent Application Fee Determination	PTO/SB/06	1 page
Assignment Papers	PTO/SB/15	8 pages
Assignment Recordation Cover Sheet	PTO/SB/1619	4 pages
Fee Transmittal	PTO/SB/17	1 page
Recordation Fee (check attached)		1 check- \$40
Fee Transmittal	PTO/SB/17	1 page
Fee (check attached)		1 check- \$391
Specification		28 pages
Drawings		9 pages
Self-addressed envelop		1 envelop

Please return this cover letter in the self addressed envelop, as acknowledgment of receipt.

Sincerely,

A handwritten signature in black ink, appearing to read "Jaquelin K. Spong".

Dr. Jaquelin K. Spong

**CHANGE OF  
CORRESPONDENCE ADDRESS  
*Application***

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	
Filing Date	
First Named Inventor	PATRICK FEIERABEND
Group Art Unit	
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application to:

Customer Number  →  
Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	JAQUELIN K. SPONG			
Address	16075 OVERLOOK DRIVE			
Address				
City	LOS GATOS	State	CA	ZIP 95030
Country	USA			
Telephone	(202) 756-4213	Fax	(202) 756-4213	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

JAQUELIN K. SPONG

Signature

Jaqulin K. Spory

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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